

AN ADDRESS, DELIVERED AT THE
FORTIETH ANNUAL MEETING OF
THE MEDICAL SOCIETY OF THE
STATE OF CALIFORNIA, HELD IN
SACRAMENTO.

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The Presidential address, like the beard of the oyster, seems an inevitable concomitant of our annual meetings. I am far from implying that it is a useless appendage, for many excellent papers have been presented to this Society. The address is that, in fact, which the President makes it, if not a measure of his capacity, at least an index of his thoughts, and always an earnest of the good nature and friendly feeling of the Society.

It is not my purpose nor my intention to present a formal address, but rather to bring before you as briefly as possible an urgent question or a point of view, as you may regard it.

"The Physician in His Relation to Public Life."

By "Public Life" I do not necessarily mean political activity, though, in our country, the terms seem almost synonymous, nor would I exclude this branch or phase of the question which more or less entwines itself with my original proposition. I mean more directly or more cogently the association with public movements, the leadership in those directly within our sphere, an activity in all matters of public health, an insistence upon measures and steps in relation to preventive medicine in which the welfare of all the people is concerned.

That we as physicians neglect and even ignore this great field is self-evident; that the leaders of the profession abandon to men of poor equipment and inferior attainments this tremendously important work, can be seen on every side. Too often our best men adopt an attitude of cynicism, an atmosphere of pessimism, without making one brief effort to lighten the gloom which they protest invests their professional vision.

What is the result? We, as a profession, do not occupy in public affairs the position we should justly fill, while civic, State and national public life all suffer from this torpor of inactivity. Nor is this canker of desuetude confined to the United States, for, along parallel lines, Great Britain and other countries have blundered with ourselves in failing to recognize the enormous potential for good that a somnolent profession contained.

I allude here more particularly to military medical service, as it demonstrates on a vast scale the horrors of neglect and the tremendous benefits of preventive medicine, when intelligently and capably applied. I would illustrate my story by brief references to and very general comparisons between three modern wars: The campaign of the British in South Africa, the expedition of the United States to the West Indies and the war of Japan on the North Pacific Ocean and in the Northern provinces of China.

For purposes of discussion, these three campaigns can be placed in two groups. On the one hand the Anglo-Saxon race, with little to choose between and less to be proud of, and on the other an Oriental

nation born to its present opportunities through the services of Commodore Perry and the American Navy.

I confess that the inspiration of these remarks, perhaps the crystallization of thoughts that have dwelt with me for many years, was the reading of Dr. Louis L. Seaman's book, "The Real Triumph of Japan." This remarkable narrative of achievements which have startled the entire world is known to you all. Bit by bit the preliminary fragments of information drifted from battles on land and sea, to be received at first with incredulity and then with amazement. Results never deemed possible were here accomplished facts. Achievements of modern medicine and surgery hitherto confined to well-equipped hospitals in civil life, were now equalled in the sick bay of the battleship in a great battle upon a tempestuous ocean. Nor were the triumphs of medicine and surgery confined to the sea, for on land, in Summer and in Winter campaigns, in engagements lasting for days, and in hospitals close to the firing line, these marvelous results were duplicated.

It may be said that discipline and diet, are in part responsible for epoch making results, yet this is indeed sorry comfort. If it be a lower standard of discipline, we are only in small part responsible, but if diet bear its share, then we must carry, in part, the burden of obloquy. Do the little brown men of Nippon whom we have taught modern medicine, and who in turn are teaching us, know more of our science and our art? Are there not many before me to-day, just as capable of doing such work and of doing it well? Certainly this is so, yet why have we such widely divergent results? Is it not, that the Japanese knew what to do, and did it, while we, equally qualified, utterly failed in accomplishment?

If the results on our battlefields were disastrous, from a modern standpoint, what can be said of the ghastly record of the reserve camps? Here were normal, healthy young men, assembled in peaceful camps in their own country, to fall victims by the thousands to a preventable disease. Calloused as we are by centuries of such records in Anglo-Saxon warfare, is it not time that the profession call a halt on such findings? Is it possible, or do you believe, that a fairly equipped health department, in any American city, could, on an equal scale, approach the horrors of Montauk Point, which lie at the door of the Medical Department of the U. S. Army, regular and volunteer? Far be it from me to question the character and attainments of the Medical Corps of the United States Army, its personnel is of the highest; it is the fault of the system, not of the profession, and it rests with the profession to remedy this system.

For many years, a perfectly senseless and fatuous conflict has been waged in the British Army, between the so-called combatant and non-combatant officers on the question of relative and substantive rank. It would appear to the casual observer, that this contest rested mainly on a question of rank, or precedence, a matter of uniform and a form of salute. The financial element has, usually, had little

to do with the case. At times certain concessions were won, resulting in the peculiar hyphenated titles of surgeon-captain and surgeon-colonel, in which a painful effort was made to minimize the danger of an actual military rank.

In our own country similar conflicts have obtained, and we still struggle vainly with the simplest elements of an obvious proposition. Quite recently a warm controversy raged on the question of command of a hospital ship which a medical man had the temerity to assume was his proper sphere. This little incident illustrates as well as any the illogical absurdity of the situation. Here was a ship, fitted as a hospital, simply a hospital afloat, she carried the Red Cross, and was strictly a non-combatant, yet because this hospital was afloat and moving from place to place, a medical officer should no longer be in charge, his place should be taken by an officer of the line.

Reduced to ordinary dimensions, it might properly be argued, that in a modern hospital, the matron, the steward and the manager should direct the care and treatment of the patients. Similarly, in a private house, the master and the mistress of the house should supervise the details of an operation and be responsible for its results. These illustrations are not overdrawn, nobody questions that the sailor shall navigate his ship, or that the engineer shall control the motive power, yet neither have more to say about the conduct of a hospital ship than has the matron or the steward, to do with the medical aspects of a modern hospital.

With all our progress in the healing art, the opprobrium of centuries still remained, disease and pestilence slew more than the bullets of the enemy. This patent and obvious fact stands forth on army records everywhere, yet with its very obviousness, why could not the lesson be learned? It was not the bullets of the enemy that decimated the armies; it was the bacilli of disease. At times his brigades worked havoc with the ranks, but the bacteria of pathogenic processes, conducted a twenty-four hour campaign on every day of the year. How are these ravages to be met? By the trained medical officer, who can give force to his knowledge, in an authoritative order.

In simple terms it may be said that the triumph of Japanese naval surgery was due, mainly, to soap and water and clean clothes. An order from a medical officer, directing the very elementary detail of a full bath and clean clothes, from within out, was respected by the fleet. In other words, an order from the medical department, on a matter that was administratively medical, needed no further force to make it effective. Herein lies the key to the situation; it is the medical officer, as a real force in authority, accomplishing results.

In support of my position and as illustrating the conclusions, that must inevitably be drawn therefrom, I will quote, at some length, from Seaman's book, where facts and figures are set forth in detail.

For two hundred years, the accepted ratio of mortality in war has been four from disease for every one from bullets. In the war with Mexico and in

the Civil war, the rate was about three to one. Coming down to later times, in 1894, the French campaign in Madagascar, shows that of 14,000 sent to the front, twenty-nine were killed in action and 7,000 perished of disease.

In the Boer war, in South Africa, the "losses from disease were simply frightful." Eight times the number of wounded were invalided home on account of disease, while the deaths from disease were seven times the deaths from wounds. Eight-tenths of this mortality was due to infectious disease and there were 24,000 cases of dysentery and 31,000 cases of enteric fever.

"But the crowning piece of imbecility was reserved for our war with Spain, where in 1898, fourteen were needlessly sacrificed for every one that died from battle casualties."

In the Russo-Japanese war we have the following figures:

Killed and died from wounds.....	52,946
Died from all diseases.....	11,992

"More than four deaths from bullets to one from disease," a complete reversal of the record of centuries, a betterment of 800 per cent. Dr. Seaman well says: "This record is, I believe, unparalleled and unapproachable in the annals of war."

Instead of a majority of the cases of disease being infectious as in South Africa, the percentage was 3.51. About half the total sick, in the army, were cases of beri-beri which the Japanese had already succeeded in wiping out of their navy.

As a commentary upon our conduct of the Spanish-American war, I will quote again from Seaman some passages that illustrate the lamentable failure, in personal and camp hygiene, food, clothing, and, above all, care of the wounded. "Think of it, in a campaign where troops penetrated only seven miles from the sea that army was almost wiped out of existence, because it had insufficient transportation, insufficient food, insufficient shelter, insufficient medical supplies, insufficient medical attendance, and the United States was less than three days away by fast ships."

"Listen to what Kennan says about the hospital camp established just before the battle of Santiago. 'The hospital staff (the main field hospital) at the beginning of the first day's battle, consisted of five surgeons. The resources and supplies outside of instruments, operating tables and medicines were very limited. There was tent shelter for only about one hundred wounded, no cots, hammocks, mattresses, rubber blankets or pillows for the sick or injured. The supply of army blankets was very short and soon exhausted. There was no clothing, except two or three dozen shirts. For hospital food for sick or wounded, there was nothing except a few jars of beef extract and malted milk, which was private property.'

"As the day advanced the wounded rapidly increased until, at nightfall, long rows of wounded were lying in the grass in front of the operating tent, without awnings or shelter, awaiting treatment. The small force of surgeons worked heroically and with a devotion that I have never seen

equalled, but they were completely overwhelmed by the great bloody wave of human agony that rolled back in ever increasing volume from the battle line. Hundreds of seriously wounded man lay on the ground for hours, many of them half naked and nearly all without shelter by day or night. No organized or systematic provision had been made for feeding them or giving them drink, and many a poor fellow had not tasted food or water for twelve hours, exposed during that time to the glare of a tropical sun.' Of course the wounded who had been operated upon, or the greater part of them, had to lie out all night on the water-soaked ground."

"Many of the wounded were brought three miles to the hospital, in a jolting ambulance or army wagon. They had lost their upper clothing, at the bandaging stations back of the battle line. They arrived, consequently, half naked and as the limited hospital supplies were soon exhausted, there was nothing to clothe or cover them. All that a little squad could do with a man when they lifted him from the operating table, was to carry him away and lay him down, half naked as he was, on the water-soaked ground, under the stars. There he had to lie in the high, wet grass, with no one to look after him, no one to give him food and water if he needed them, no blanket over him, no pillow under his head." Seaman well says: "Would not that narrative bring tears from a stone? Would it not cause the hardest heart to bleed?"

The fact remains, that "owing to bad management, lack of foresight, and the almost complete breakdown of the Commissary and Medical Departments of the Army, our soldiers in Cuba suffered greater hardships and privations in certain ways, than were ever endured by an American army in the field." "Seventy-five per cent of the army was incapacitated for active service, after less than six weeks in the field." For this a ration, consisting principally of fat bacon, salt beef, tomatoes, frequently in a state of fermentation, due to the intense heat, canned beef and hard tack, was largely responsible. Picture to yourselves if you can, such a diet for a campaign in a tropical country. "Out of a mean force of 167,168, the majority of whom stayed in home camps, 158,460, or 95 odd per cent, were admitted to the hospitals. The Japanese in an equal period of time had but 15 per cent, represented by men who were fighting in the field exposed to the greatest hardships and rigors of war."

In the Crimea, in our Civil war, in the Boer campaign and in the Spanish-American war there is little variety except that at times the record is worse. Always there is the story of sickness and deaths, far outnumbering the inevitable casualties of war, and all from preventable diseases.

Is this the heritage of the Anglo-Saxon race? Is this our fate or our destiny? What a commentary on the horrors and miseries of warfare that we make no intelligent effort to prevent an overwhelming percentage.

What steps have we taken to obviate the recurrence of such catastrophes? Little or none perhaps, and here I come to the point of this address, for

which our disastrous military record has been used as an illustration: It is time that the profession declare itself. It is time that it does its duty by its people in demanding and in obtaining reform. Rightly put, and promptly followed home, it will meet with unquestioned success.

The United States Army needs a medical corps, established on lines that have been so singularly successful in the Japanese Army. A medical department which shall have administrative and executive functions in its own sphere. Its military rank as far as command and authority is concerned should be graded with that of officers of the line. Its commanding officer should be represented in the general staff. This is a perfectly obvious and common sense fact and if military authorities cannot grasp it, the people, the source of all power, can be made to see it.

Medicine is coming more and more to a scientific basis, more and more is it reaching the standard of an exact science. The public realizing the tremendous advantages of preventive medicine, the enormous economy due to uninterrupted commerce, is ready and apt for any lesson.

The menace of yellow fever in the south has been investigated, demonstrated to absolute knowledge, and, as a decimating scourge, annihilated. Plague, after centuries of experience and centuries of ignorance and misapprehension, has been traced to its source, to be controlled, as we have seen in California, by intelligent sanitation. Malaria can be eliminated from any locality, if only the public will pay the bills.

Bacteriology with its endless record of proved demonstrations, serum therapy, vaccines in their different relations and antiseptics, all triumphs in the field of prevention, are familiar to the public. Never has there been a time when the people were more willing to listen and to learn. Never has there been a period when the people have felt the need as well as the value of sanitation and health protection, as at this present day.

Are we as a profession doing our full duty to the public or to ourselves in this twentieth century? I think not.

We believe in vaccination, we know that it alone can stamp out smallpox. Why do we allow the opprobrium of a loathsome disease to continue, in the presence of a half-hearted vaccination, to the discredit of an absolute preventive? Why not force this question of vaccination, so that the public shall obtain its benefits or assume the responsibility of its rejection?

We have begun to do something with tuberculosis and none too soon, but the public has been awakened to the "Great White Plague," and we shall now see substantial progress.

What can be said on the question of venereal disease? How long have we been silent here? We know its secret ravages, its menace to the unborn and to future generations. We know the facts. As medical men, we know that the prostitute is, to-day, a sexual necessity; that the sisterhood is, in a measure, a protection to more fortunate womankind.

Cannot we teach the women, as we surely can demonstrate, the evils of unrestricted vice, with its perils to husband and son and, in turn, to wife and daughter? Is it not possible to wipe out the sophistries with which "the social evil" has been surrounded; and to put a check upon the propagation of disease and its transmission, often ignorantly and unthinkingly, to thousands of innocent and unsuspecting victims? It is possible. The task is a gigantic one, with sentiment, prejudice and even religion against us, but let us face it like men and we will surely win.

Throughout this broad land, thousands of physicians are giving their time, their brains, and their energies, to the prevention of disease, the preservation of health and, incidentally, to the diminution of their private incomes. Work of this character, so valuable and so far-reaching, should be properly compensated; at least adequate funds should be provided in every community for necessary sanitary work.

We need a department of public health with a trained medical officer at its head. We can get it through an organized profession, by machinery which makes it possible to reach the public.

Let there be no mistake in this, if the medical profession will only speak earnestly and with conviction on any subject it is certain of a respectful hearing and of results.

There is no profession or calling to-day, I make no exceptions, that stands closer to the people than medicine. No profession is less tainted with the suspicion of graft or of selfishness. The universal benefit of medicine "to every man according to his needs," the enormous charity of the profession, its constant efforts to prevent disease, are admitted and recognized. The field is ripe, the profession is becoming organized, the time for action is *now*.

Let me in conclusion, repeat the text of my remarks, "The Physician in His Relation to Public Life," as I urge you to higher deeds. Let every man in his own community and in his own sphere, deal with his people as he finds them. Let him but preach the doctrine of scientific medicine and of sanitation in all seasons. Let the leaders in our profession, when occasion demands, unite to demonstrate a position or to enforce a truth.

Then, backed by an organized profession, is it but a dream? Nay, will it not become a reality that medicine with its ever-growing knowledge in a god-like calling will shine with increasing effulgence until like a great sun it will illuminate the dark corners of defective sanitation, therapeutic ignorance and medical superstition, throughout the world.

A REPORT OF THE PRESIDENT.

To the House of Delegates—

Gentlemen: I had been under the impression that a report to the House of Delegates was part of my presidential duty. Inquiry from our experienced Secretary revealed the fact that I was under no obligation to present a report, but that "he saw no objection to my doing so if I desired." Believing

that there were some points to which it would be well to direct your attention, I submit herewith my findings.

Shortly after assuming the duties of this office, it occurred to me that it might be somewhat helpful, in the general work of organization, if the President could visit and, as it were, inspect as many of the county societies as possible. This idea met with the approval of the Council and with the warmest co-operation on the part of individual Councilors. A schedule was arranged, and during the months of February and March I visited and met with the following county societies, at the places and on the dates named:

Los Angeles at Los Angeles, February 4th.
 San Bernardino at Redlands, February 5th.
 Riverside at Riverside, February 5th.
 San Diego at San Diego, February 6th.
 Santa Barbara at Santa Barbara, February 7th.
 San Francisco, February 8th.
 Butte at Chico, February 13th.
 Alameda at Oakland, February 15th.
 Yolo at Woodland, March 2d.
 San Joaquin Valley at Fresno, March 8th.
 Sonoma at Santa Rosa, March 10th.
 Contra Costa at Richmond, March 13th.
 Santa Clara at San Jose, March 16th.
 Placer, Nevada, El Dorado and Sierra at Colfax, March 19th.
 Yuba and Sutter at Marysville, March 22d.
 San Joaquin at Stockton, March 25th.

At nearly every place named the meetings were well attended, and the President was most hospitably received and always given an attentive hearing. The officers of the local societies and the Councilor of the district, when present, made a personal effort to procure a good attendance and, with only two exceptions, were singularly successful. This personal experience with our organization will remain as the pleasantest memory of my term of office.

I will briefly refer to some points in connection with this inspection. First, medical organization in California, as far as the basal unit, the county society, is concerned, is an accomplished fact. It rests with the officers and members of this society to maintain its efficiency and to extend its influence. The benefits of professional intercourse among physicians are too obvious to need enumeration here, but at the various meetings I discussed with the members the salient points in this connection and the necessity of interdependence between State and local organizations.

The difficulty in maintaining even a semblance of organization in counties where the few physicians practicing therein are scattered over miles of territory, is evident. There are, however, some counties perfectly able to support societies in which attempts at organization seem constantly to fail. Of these, the southern end of the San Joaquin Valley is a conspicuous example.

It is evident that successful work in the State Society depends upon the character of the membership in the local societies. In the wider field of